

43rd Annual Conference on Bioassay, Analytical and Environmental Radiochemistry

Registration Form

Please complete the following information and return this form with a check for applicable registration fees payable to the Bioassay Conference to:

43rd Annual Bioassay Conference

Attn: Nancy Slater

Post Office Box 30712

Charleston, SC 29417

Name: _____
(Last) (First) (MI)

Company, Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____

Arrival Date: _____ Departure Date: _____

Name of Accompanying Person/Spouse: _____

I plan to attend the following events:

- ☐ Golf Outing Sunday Morning
- ☐ Reception at Environmental Physics, Inc. Sunday evening
- ☐ Vendor reception at the Francis Marion Hotel Monday evening
- ☐ Vendor-sponsored luncheon Tuesday
- ☐ EPI Historic Charleston Fun Run/Walk Wednesday morning
- ☐ Beach Party Wednesday Evening

Fees Enclosed:

- ☐ Pre-registration (before Oct. 8) \$120
- ☐ Registration (after Oct. 8) \$140
- ☐ Student Registration \$75
- ☐ Accompanying Person/Spouse Program \$75